

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 097876252
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1				51						
102			1				52						
103				2			53						
104				2			54						
105				2			55						
106				2			56						
107				2			57						
108				2			58						
109			1				59						
110			1				60						
111				2			61						
112				2			62						
113				2			63						
114				2			64						
115				2			65						
116				2			66						
117			1				67						
118			1				68						
119			1				69						
120				3			70						
121				3			71						
122				3			72						
123				3			73						
124				3			74						
125				3			75						
126				3			76						
127				2			77						
128				3			78						
129				3			79						
130				3			80						
131				3			81						
132				3			82						
133			1				83						
134				1			84						
135			1				85						
136				1			86						
137			1				87						
138				1			88						
139				1			89						
140				1			90						
141			1				91						
142				1			92						
143				1			93						
144				1			94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							100						
TOTAL IND.			11				TOTAL IND.						
TOTAL DEP.			71				TOTAL DEP.						
TOTAL CLAIMS			82				TOTAL CLAIMS						